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FO2221612

INVESTIGATOR'S LOG

SUPERVISOR'S REPORT ON USE OF FORCE FORM

INVESTIGATIVE SUMMARY

TRANSCRIBED INTERVIEWS

EXHIBITS A THROUGH D

- A** Crime Report - Resisting Executive Officer, 69 PC;
 Battery on a Peace Officer, 243(b) PC; File Number 408-14682-1192-145
- B** (6) Supplemental Reports under File Number 408-14682-145
- C** Suspect Valezuela's Criminal History
- D** Photographs

MISCELLANEOUS DOCUMENTS

- Administrative Rights Forms
- Copy of Lancaster Sheriff's Station EM In-Service for June 7, 2008
- Training Records and Assignment Card for Involved Deputies

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information										
URN: 4 0 8 - 1 4 6 8 2 - 1 1 9 2 - 1 4 5					Date: 6/7/08		Time: 0230			
Location:		30th Street West			City or Station:		Lancaster			
Bureau/Station/Facility:		FOR1 / Lancaster Station			Admin. Investigation:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Type of Force:		Significant, Control Holds, Take-down,								
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Suspect Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
<input type="checkbox"/> Call		<input checked="" type="checkbox"/> Observation		<input type="checkbox"/> Detail		<input type="checkbox"/> Foot Pursuit		<input type="checkbox"/> Vehicle Pursuit		
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified: A/Lt. Hill		Emp: [REDACTED]		IAB Roll Out: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
Involved Employee										
E1	Employee # [REDACTED]		Last Name: Knight		First Name: Shannon		Middle Name: Eugene			
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W		Unit of Assignment: Lancaster		Work Assignment (Unit #, Module, etc.): 113A			
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: 508		Weight: 185	
	<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: Lancaster Community Hospital		Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>			
E2	Employee # [REDACTED]		Last Name: [REDACTED]		First Name: [REDACTED]		Middle Name: [REDACTED]			
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W		Unit of Assignment: Lancaster		Work Assignment (Unit #, Module, etc.): [REDACTED]			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: 507		Weight: 140	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: [REDACTED]		Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>			
E3	Employee # [REDACTED]		Last Name: Feder		First Name: Bradley		Middle Name: [REDACTED]			
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W		Unit of Assignment: Lancaster		Work Assignment (Unit #, Module, etc.): [REDACTED]			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: 507		Weight: 508	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: [REDACTED]		Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>			
<input type="checkbox"/> Additional Involved Employees										
On Duty Supervisor										
Emp. # [REDACTED]		Last Name: Dawson		First Name: Theresa		Middle Name: A		Rank: Sgt		
								Present: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
								Witness to Incident: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Emp. # [REDACTED]		Last Name: [REDACTED]		First Name: [REDACTED]		Middle Name: [REDACTED]		Rank: [REDACTED]		
								Present: YES <input type="checkbox"/> NO <input type="checkbox"/>		
								Witness to Incident: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Watch Sergeant										
Emp. # [REDACTED]		Last Name: Chambers		First Name: David		Middle Name: C				
Watch Commander										
Emp. # [REDACTED]		Last Name: [REDACTED]		First Name: [REDACTED]		Middle Name: [REDACTED]				

Watch Commander (Print Name)

Jack Ramirez

Watch Commander's Signature:

[REDACTED]

Emp #:

Date

Supervisor Completing Form: (Print Name)

Emp #:

Copy Provided to Employee by:

Emp #:

Unit Commander (Print Name)

Unit Commander's Signature:

Emp #:

Date

DISCOVERY: Use Only

FO#

Original: Discovery Unit
Copy: Unit Commander

SH-R-438P (Rev. 12/07)

Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information											
Last Name		Valenzuela		First Name		Jose		Middle Name		Roberto	
AKA Last Name				First Name				Middle Name			
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	H	Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Age:	29	Height:	509	D.O.B.	08-30-78	Weight:	155
Armed?		<input type="checkbox"/>									
Booking #:		1501-602		Primary Charge Code:		69P.C.		Secondary Charge Code:		Criminal History	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:			
Hospital Admission?		<input checked="" type="checkbox"/>		Rec'd Treatment At:		Antelope Valley Hospital		Coroner Case #:		Mental History	
By Doctor:		Atilla Ulner		Address:		1600 West Avenue J, Lancaster CA. 93534		Phone #:		661-949-5000	
Under Influence:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Substance:		Alcohol		Mental Illness		<input type="checkbox"/>	

S

Suspect Interview											
Date:		06-07-08		Time:		0250		Audiotape:		<input type="checkbox"/>	
Videotape:		<input checked="" type="checkbox"/>		Photos of Injuries:		<input type="checkbox"/>					

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Weight:	
Armed?		<input type="checkbox"/>									
Booking #:				Primary Charge Code:				Secondary Charge Code:		Criminal History	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:			
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:				Coroner Case #:		Mental History	
By Doctor:				Address:				Phone #:			
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness:		<input type="checkbox"/>	

S

Suspect Interview											
Date:				Time:				Audiotape:		<input type="checkbox"/>	
Videotape:		<input type="checkbox"/>		Photos of Injuries:		<input type="checkbox"/>					

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Weight:	
Armed?		<input type="checkbox"/>									
Booking #:				Primary Charge Code:				Secondary Charge Code:		Criminal History	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:			
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:				Coroner Case #:		Mental History	
By Doctor:				Address:				Phone #:			
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness		<input type="checkbox"/>	

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
	Whalen	Gregory	
Emp. #	Last Name	First Name	Middle Name
	Dawson	Theresa	A
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
			35	
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
			26	
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

**Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation**

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Involved Employee										
E 4	Employee #	Last Name			First Name			Middle Name		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Lancaster			Work Assignment (Unit #, Module, etc.):				
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: 	Height: 507	Weight: 508		
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
E 5	Employee #	Last Name			First Name			Middle Name		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Lancaster			Work Assignment (Unit #, Module, etc.):				
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: 	Height: 507	Weight: 508		
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
E 6	Employee #	Last Name			First Name			Middle Name		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Lancaster			Work Assignment (Unit #, Module, etc.):				
	Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: 	Height: 6-00	Weight: 200		
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
E	Employee #	Last Name			First Name			Middle Name		
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:			Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age:	Height:	Weight:		
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
E	Employee #	Last Name			First Name			Middle Name		
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:			Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age:	Height:	Weight:		
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:					Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		